



GT 1627

AMENDMENT TRANSMITTAL LETTER		DOCKET NUMBER: P-CW 5196	
SERIAL NO: 09/694,758	FILING DATE: October 23, 2000	EXAMINER: P. Ponnaluri	GROUP ART UNIT: 1627
INVENTION: GENE EXPRESSION PROFILING OF INFLAMMATORY BOWEL DISEASE			

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TO COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on January 30, 2003.

By: Andrea L. Gashler
Andrea L. Gashler, Reg. No. 41,029

January 30, 2003
Date of Signature

Transmitted herewith is Response, with attached Appendix A, to the Office Action mailed July 30, 2002, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ An executed Declaration for Patent Application;.
- ☐ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
							SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	14	-	18	-	0	x	\$9	\$18	= \$	\$
INDEPENDENT CLAIMS	3	-	6	-	0	x	\$42	\$84	= \$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$140	\$280	= \$	\$
							TOTAL ADDITIONAL FEE		\$0.00	\$

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: Shukti Chakravarti
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 Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.

 X A check in the amount of \$465.00 which covers the fee for a three-month extension of time.

 X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.

 X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Andrea L. Gashler
Andrea L. Gashler
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ONE EXECUTED DECLARATION
Attorney Docket No.: P-CW 5196
Serial No.: 09/694,758

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